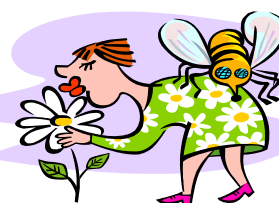


ENCOUNTER KEYS



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PREGEN-26 (TEST) & HEIDELBERG TOMOGRAPHY(CPT 92135)

PreGen-26 (Test) is an emerging technology in the area of diagnostic testing for colorectal cancer. After review of current literature, the test has not, as yet, been adopted as a community standard of care. Therefore, at this time AHCCCS does not consider this a covered service.

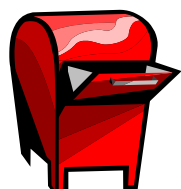
(Heidelberg Tomography (CPT 92135))

Review of literature in regards to CPT 92135 suggests that this technique has some limited applications. It is considered acceptable medical practice for monitoring and evaluation of patients with diagnosis of glaucoma. AHCCCS will pend claims for medical review in AHCCCS fee-for-service members less than 18 years of age.



DENTAL ENCOUNTERS

Dental services, service codes DXXXX must be submitted using the dental encounter layout. Dental services submitted using other encounter layouts will pend for the error code H600 - Submit Dental Using ADA Format.



AHCCCS ENCOUNTER

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NEW SCREENS

Two new PMMIS screens, EC286 – Pended Encounters By Error Code and EC266 - Adjustment Sequence, have been added to further assist with pended encounter error resolutions.

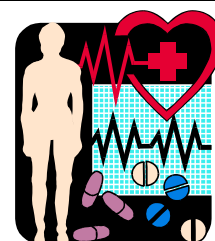
The EC286 screen will allow Contractors to view single error codes for pended encounters.

The EC266 screen will let Contractors view all adjustment changes.

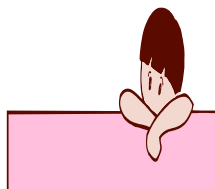


TERMINATED PROVIDERS

Error code P295 – Service Provider Terminated During Service Date Span indicates that the provider's AHCCCS identification number has been terminated. Information pertaining to the provider's enrollment can be accessed through the PMMIS system screen PR070 – Enrollment Status, or from data available from AHCCCS' FTP server.



MINIMUM AGE LIMIT



Contractors can access the PMMIS Reference screen (RF113) or data available from AHCCCS' FTP server which will provide the minimum and maximum age limits on procedure codes. Examples of pending encounters for the error code S365 (Recipient's Age Is Less Than Minimum For Specified Procedure) are below.

SERVICE CODE	DESCRIPTION	AGE LIMIT
19125	Excision Of Breast Lesion Identified By Preoperative Placement	10 to 999
36410	Venipuncture, Child Over Age 3 Years Or Adult	3 to 999
36489	Placement Of Central Venous Catheter (Subclavian, Jugular,	2 to 999
76805	Ultrasound, Pregnant Uterus, Real Time With Image Documentation	8 to 65
90632	Hepatitis A Vaccine, Adult Dosage, For Intramuscular Use	18 to 999
90633	Hepatitis A Vaccine, Pediatric/Adolescent Dosage-2 Dose Schedule	2 to 21
90634	Hepatitis A Vaccine, Pediatric/Adolescent Dosage-3 Dose Schedule	2 to 21
90659	Influenza Virus Vaccine, Whole Virus, For Intramuscular	12 to 999
90718	Tetanus And Diphtheria Toxoids (Td) Adsorbed For Use	7 to 999
90732	Pneumococcal Polysaccharide Vaccine, 23-Valent, Adult	2 to 999
90746	Hepatitis B Vaccine, Adult Dosage, For Intramuscular Use	20 to 999
90925	End Stage Renal Disease (Esrd) Related Services	20 to 999
99382	Initial Comprehensive Preventive Medicine Evaluation & Mgmt.	1 to 4
99383	Initial Comprehensive Preventive Medicine Evaluation & Mgmt.	5 to 11
99384	Initial Comprehensive Preventive Medicine Evaluation & Mgmt.	12 to 17
99385	Initial Comprehensive Preventive Medicine Evaluation & Mgmt.	18 to 39
99386	Initial Comprehensive Preventive Medicine Evaluation & Mgmt.	40 to 64
99387	Initial Comprehensive Preventive Medicine Evaluation & Mgmt.	65 to 999
99392	Periodic Comprehensive Preventive Medicine Reevaluation & Mgmt.	1 to 4
99393	Periodic Comprehensive Preventive Medicine Reevaluation & Mgmt.	5 to 11
99394	Periodic Comprehensive Preventive Medicine Reevaluation & Mgmt.	12 to 17
99395	Periodic Comprehensive Preventive Medicine Reevaluation & Mgmt.	18 to 39
99396	Periodic Comprehensive Preventive Medicine Reevaluation & Mgmt.	40 to 64
99397	Periodic Comprehensive Preventive Medicine Reevaluation & Mgmt.	65 to 999
G0107	Colorectal Cancer Screening; Fecal-Occult Blood Test, 1-3	50 to 999
L1499	Spinal Orthosis, Not Otherwise Specified	3 to 999
Q4006	Cast Supplies, Long Arm Cast, Adult (11 Years +), Fiberglass	11 to 999

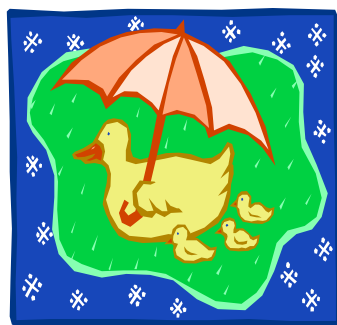
DILEMMAS

For the months of March and April the following error code conditions are not subject to sanction.

S385 – Service Units Exceed Maximum Allowed (80000 procedure codes and service units less than twice the limit).

P015 - Service Provider Type Invalid For Uniform Billing Form (applies to the new provider types A1, A2, A3, A5, B1, B2, B3, B5, B6, B7)

S386 – Maximum Anesthesia Units Exceeded (Service units less than twice the limit)



UPDATES

Rate Change

Effective for and after dates of service February 1, 2003, the Arizona Health Care Cost Containment System Administration Fee-for-Service rate for Dental Code D4355 - Full Mouth Debridement has been reduced from \$287.80 to \$130.00. The new rate is based on analysis of regional fees, billing practices, and current provider practices.

Revenue Codes to Procedure Codes

- ♦ Procedure code ranges have been adjusted to include additional codes acceptable for line item billing on the UB92 with revenue codes 450 Emergency Room, and 510 Clinic. The effective dates may vary, see reference screen RF773 for those dates.
- ♦ Effective with dates of service on and after January 1, 2002, CPT code 91105-Gastric intubation, and aspiration or lavage for treatment (eg, for ingested poisons), can be reported with revenue code 940-Other Rx Services.

Edit Update

- ♦ Edit **D131-Diagnosis Is Not Appropriate For This Service**, will be changed to an active status effective April 1, 2003.
- ♦ Edit **V672-Service Not Covered By AHCCCS, Non Cover the Line Charge**, will change to an active status effective July 1, 2003 for Outpatient encounters.

Category of Service Change

- ♦ The category of service for Medical Transport codes Q3019 and Q3020 has been changed to 14-Emergency Transportation.
- ♦ The trauma center revenue codes 681 – 684 & 689 that were effective October 1, 2002 have been assigned a category of service 16-Outpatient Facility Fees.
- ♦ The Automatic Blood Pressure Monitor, HCPCS code A4670, has been assigned to Category of Service 15-DME & Appliance.

CPT Code Added to Provider Type

Effective with dates of service on and after January 1, 2003 Podiatrists, (Provider Type 10) may report 15342 - Application of bilaminate skin substitute/neodermis; 25 sq cm.

Modifier Availability

Effective with dates of service on and after January 1, 2001 modifier 2X, Transportation Round Trip Base or Miles, will be available for reporting with HCPCS code A0431-Ambulance service, conventional air services, transport, one way (rotary wing).



Place of Service Added

- ◆ Effective with dates of service on and after January 1, 2002 CPT code 61793 - Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions can be reported with place of service 22-Outpatient.
- ◆ Place of service codes 31-(Skilled Nursing Facility) and 32 (Nursing Facility) can be reported with the following HCPCS codes:

Effective with dates of service on and after January 1, 2001:

K0538 - Negative pressure wound therapy electrical pump, stationary or portable

K0539 - Dressing set for negative pressure wound therapy electrical pump, stationary or portable,

K0540 - Canister set for negative pressure wound therapy electrical pump, stationary or portable,

Effective with dates of service on and after April 1, 2001:

K0549 - Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds but less than or equal to 600 pounds, with any type side rails, with mattress.

- ◆ Effective with dates of service on and after January 1, 2002, place of service code 24-Ambulatory Surgical Center can be reported with HCPCS code 76005-Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint), including neurolytic agent destruction.
- ◆ Effective with dates of service on and after January 01, 2002 CPT code 36481-Percutaneous portal vein catheterization by any method, can be reported with a place of service code 22-Outpatient Hospital.
- ◆ **CORRECTION**: In the December 19, 2002 communication e-mail, it stated HCPCS codes 95819, 95822, and 95830 could be reported with a place of service 11-Home. Please note the description was misprinted, it should read 11-Office.

Age Limit

The maximum age limit has been changed from 999 to 20 years on HCPCS code G0268-Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing.

Fee Schedule Updates

The March 7, 2003 communication e-mail stated the effective date for the following HCPCS codes was changed from January to February 1, 2003, that was a misprint. The correct effective date is April 1, 2003.

- ◆ G0281 Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
- ◆ G0282 Electrical stimulation, (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
- ◆ G0289 Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee
- ◆ G0295 Electromagnetic stimulation, to one or more areas

DME Limits Changed

The daily/monthly maximum limit has been updated to six (6) on the following HCPCS codes:

- ◆ A4357-Bedside drainage bag, day or night with or without anti-reflux device, with or without tube, each
 - ◆ A4358-Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
 - ◆ K0108-Wheelchair component or accessory, not otherwise specified
-

NATIONAL DRUG CODES

Encounters pending for error code N004 – NDC Not on File are a result of NDCs, Red Book or Medi Span source that are not in our system. Please send documentation Red Book or Medi Span source, page number, description of the NDC, manufacturer or labeler, package quantity, and price. Valid Red Book or Medi-Span NDCs can now be added to our system. Information should be directed to Deborah Burrell at daburrel@ahcccs.state.az.us.

Encounter Keys

The Encounter Keys is available only through the AHCCCS Web site. To receive notification of its publication, please send Deborah Burrell, daburrel@ahcccs.state.az.us, your e-mail address. If there are other individuals at your site who may be interested in the Encounter Keys, but do not receive this communication, please forward the information to them.

